2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004625

Entity Name: SAWMILL CHARITIES INC

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

21710 US HWY 98 DADE CITY, FL 33523

Current Mailing Address: New Mailing Address:

21710 US HWY 98 DADE CITY, FL 33523

FEI Number: 02-0613550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRANER, RONALD B 21710 US HWY 98 DADE CITY, FL 33523

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Flacture is Company of Danistand Asset

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 TRANER, RONALD B
 Name:
 TRANER, RONALD B

 Address:
 21710 US HWY
 Address:
 21710 US HWY

 City-St-Zip:
 DADE CITY, FL 33523
 DADE CITY, FL 33523

Title: VP () Delete Title: D (X) Change () Addition Name: STEPHENS, JAMES A Name: STEPHENS, JAMES A

 Name:
 STEPHENS, JAMES A

 Address:
 21710 US HWY 98

 City-St-Zip:
 DADE CITY, FL 33523

 City-St-Zip:
 DADE CITY, FL 33523

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MORRISON, DAVID C
 Name:
 MORRISON, DAVID C

 Address:
 P O BOX 10231
 Address:
 P O BOX 10231

City-St-Zip: BROOKSVILLE, FL 34603 City-St-Zip: BROOKSVILLE, FL 34603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD B TRANER D 01/13/2003